

NOT AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PT-87) | | | | | | SERIAL NO. | APPLICANT(S) | | | | |
|--|----------|------|------------------------|------|------------------------|------------|---------------|-----|------|-----|------|
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st ALLOWMENT | | AFTER 2nd ALLOWMENT | | | | | | |
| | NO. | DEF. | NO. | DEF. | NO. | DEF. | | NO. | DEF. | NO. | DEF. |
| 1 | | | | | | | 61 | | | | |
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| TOTAL NO. | 36 | | | | | | TOTAL NO. | | | | |
| TOTAL DEF. | 30 | | | | | | TOTAL DEF. | | | | |
| TOTAL | 36 | | | | | | TOTAL | | | | |